17667 U.S. PTO

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 117278

Date: September 23, 2003

MAIL STOP PATENT APPLICATION

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Customer Number: 25944

Sir:

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Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):	PRINTING SYSTEM, PRINTING APPARATUS AND PRINTING METHOD
By (Inventors):	Kazuma AOKI
Use Figure A Declaration ar This application (A Preliminary A This patent appl The execute An Information Entitlement to si A Preliminary A Priority of foreig A certified This application	(Figs. 1-7; 6 sheets) are attached for front page of Publication. Ind Power of Attorney is filed herewith. claims benefit of Provisional Application No filed Amendment is attached to reflect this claim in the Specification if not already present.) Ication is assigned to BROTHER KOGYO KABUSHIKI KAISHA. Ication is assigned to BROTHER KOGYO KABUSHIKI KAISHA. ID isclosure Statement is filed herewith. In all entity status is hereby asserted. In mendment is filed herewith. In application No. 2002-285188 filed September 30, 2002 in Japan is claimed (35 U.S.C. §119). In application No. 2002-285188 filed September 30, 2002 in Japan is claimed (35 U.S.C. §119). It is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that is application has not been and will not be the subject of an application filed in another a multilateral international agreement, that requires publication at eighteen months after filing.

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

The filing fee is calculated below:

FOR:	NO. FILED	NO. EXTRA			
BASIC FEE	- 4				
TOTAL CLAIMS	19 - 20	= *0			
INDEP CLAIMS	9 - 3	= *6			
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED					
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* If the difference is less than zero, enter "0".

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RATE	FEE	<u>OR</u>		
	\$ 375	<u>OR</u>		
x 9=	\$	<u>OR</u>		
x 42 =	\$	<u>OR</u>		
+ 140=	\$	<u>OR</u>		
TOTAL	\$	<u>OR</u>		
filing fee is attached. Except as				

OTHER THAN A **SMALL ENTITY**

RATE	FEE		
	\$ 750		
x 18	\$		
x 84	\$ 504		
+ 280	\$		
TOTAL	\$ 1254		
athomysica noted			

Check No. 146598 in the amount of \$1254.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, \boxtimes or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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